GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406):	*FOR COURT USE ONLY*
TELEPHONE NO.: FAX NO.:	
ATTORNEY FOR *(Name)*:	

SUPERIOR COURT OF CALIFORNIA, COUNTY OF
STREET ADDRESS:
MAILING ADDRESS:
CITY AND ZIP CODE:
BRANCH NAME:

PETITIONER/PLAINTIFF:

RESPONDENT/DEFENDANT:

OTHER PARENT:

STIPULATION FOR ☐ **JUDGMENT** ☐ **SUPPLEMENTAL JUDGMENT REGARDING PARENTAL OBLIGATIONS AND JUDGMENT**	CASE NUMBER:

1. **THIS MATTER PROCEEDED AS FOLLOWS:**

   a. ☐ By written stipulation without court appearance.

   b. ☐ By court hearing, appearances as follows:
   - (1) Date: Dept.:   Judicial officer:
   - (2) ☐ Petitioner/Plaintiff present   ☐ Attorney present *(name)*:
   - (3) ☐ Respondent/Defendant present   ☐ Attorney present *(name)*:
   - (4) ☐ Other parent present   ☐ Attorney present *(name)*:
   - (5) Local child support agency (Family Code, §§ 17400, 17406) *(name)*:
   - (6) ☐ Other *(specify)*:

   c. The Obligor (the parent ordered to pay support) is   ☐ Petitioner/Plaintiff   ☐ Respondent/Defendant
   ☐ Other parent

2. ☐ This order is based on the attached documents *(specify)*:

3. **THE PARTIES AGREE THAT**
   a. Obligor has read and understands the *Advisement and Waiver of Rights for Stipulation* on page four of this form. Obligor gives up these rights and freely agrees that a judgment may be entered in accordance with this stipulation.

   b. The amount of support payable by Obligor as calculated under the guideline is: $ per month.
   ☐ We agree to guideline support.
   ☐ The guideline amount should be rebutted because of the following:
   - (1) ☐ We have been fully informed of the guideline amount of support; we agree voluntarily to child support in the amount of: $ per month; the agreement is in the best interest of the children; the needs of the children will be met adequately by the agreed amount; the children are not receiving public assistance; no application for public assistance is pending; and application of the guideline would be unjust and inappropriate in this case. We understand that no change of circumstances need be shown to raise this order to the guideline amount.
   - (2) ☐ Other rebutting factors *(specify)*:

   c. ☐ Attached is a computer printout showing the parents' incomes and percentage of time each parent spends with the child(ren). The printout, which shows the calculation of child support payable, will become the court's findings.

NOTICE: Any party required to pay child support must pay interest on overdue amounts at the "legal" rate, which is currently 10 percent.

**STIPULATION FOR JUDGMENT OR SUPPLEMENTAL JUDGMENT
REGARDING PARENTAL OBLIGATIONS AND JUDGMENT
(Governmental)**

3. d. The mother and father listed in the complaint are the parents of the children named in item 3e below.

   e. Obligor must pay current child support as follows:

Name	Date of birth	Monthly support amount

     (1) ☐ Other *(specify):*

     (2) ☐ For a total of: $ payable on the: day of each month
         beginning *(date):*

     (3) ☐ The support order was reduced, following the low income adjustment, because the Obligor's net monthly income is less than $1,000.

     (4) Any support ordered must continue until further order of court, unless terminated by operation of law.

   f. ☐ Obligor must pay child support for the past periods and in the amounts set forth below *(specify):*

Name	Date of birth	Period of support	Amount

     (1) ☐ Other *(specify):*

     (2) ☐ For a total of: $ payable: $ on the: day of each month
         beginning *(date):*

     (3) ☐ Interest shall accrue on the entire principal balance owing and not on each installment as it becomes due.

   g. If this is a judgment on a *Supplemental Complaint,* it does not modify or supersede any prior judgment or order for support or arrearages, unless specifically provided.

   h. No provision of this judgment may operate to limit any right to collect the principal (total amount of unpaid support) or to charge and collect interest and penalties as allowed by law. All payments ordered are subject to modification.

   i. All payments must be made to *(name and address of agency):*

   j. **An Order/Notice to Withhold Income for Child Support (form FL-195) must issue.**

   k. ☐ Obligor ☐ Obligee must (1) provide and maintain health insurance coverage for the children if it is available through employment or a group plan, or otherwise available at no or reasonable cost, and keep the local child support agency informed of the availability of the coverage; (2) if health insurance is not available, provide coverage when it becomes available; (3) within 20 days of the local child support agency's request, complete and return a health insurance form; (4) provide to the local child support agency all information and forms necessary to obtain health care services for the children; (5) present any claim to secure payment or reimbursement to the other parent or caretaker who incurs costs for health care services for the children; (6) assign any rights to reimbursement to the other parent or caretaker who incurs costs for health care services for the children. If the "Obligor" box is checked, an *Application and Order for Health Insurance Coverage* (form FL-470) will issue.

**STIPULATION FOR JUDGMENT OR SUPPLEMENTAL JUDGMENT
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(Governmental)**

3. l. Both parents must complete a *Child Support Case Registry Form* (form FL-191) and send (deliver or mail) it to the local child support agency within 10 days of the date of this judgment. The parents must notify the local child support agency of any change in the information submitted within 10 days of the change by submitting an updated form.

m. The form *Notice of Rights and Responsibilities* and *Information Sheet on Changing a Child Support Order* (form FL-192) is attached.

n. ☐ Obligor must pay costs of: $ to *(specify):* on the following terms and conditions *(specify):*

o. ☐ The following person (the "Other Parent") is added as a party to this action under Family Code section 17404 *(name):*

p. ☐ Other *(specify):*

Date:

_____   ▶ _____
(TYPE OR PRINT NAME)   (SIGNATURE OF LOCAL CHILD SUPPORT AGENCY)

Date:

_____   ▶ _____
(TYPE OR PRINT NAME)   (SIGNATURE OF FATHER)

Date:

_____   ▶ _____
(TYPE OR PRINT NAME)   (SIGNATURE OF ATTORNEY FOR FATHER)

Date:

_____   ▶ _____
(TYPE OR PRINT NAME)   (SIGNATURE OF MOTHER)

Date:

_____   ▶ _____
(TYPE OR PRINT NAME)   (SIGNATURE OF ATTORNEY FOR MOTHER)

JUDGMENT

4. **The court so orders.**

Date:

_____
JUDICIAL OFFICER
☐ SIGNATURE FOLLOWS LAST ATTACHMENT

5. Number of pages attached: _____

ADVISEMENT AND WAIVER OF RIGHTS FOR STIPULATION

1. **RIGHT TO BE REPRESENTED BY A LAWYER.** I understand that I have the right to be represented by a lawyer of my choice at my expense. If I cannot afford a lawyer to represent me, I can ask the court to appoint one to represent me free of charge if I dispute that I am the parent of the children named in this action. I understand that the local child support agency does not represent me.

2. **RIGHT TO A TRIAL.** I understand that I have a right to have a judicial officer: (a) determine if I am the parent of the children named in the stipulation; (b) decide how such child support I must pay; and (c) decide how much I owe for arrearages (unpaid support).

3. **RIGHT TO CONFRONT AND CROSS-EXAMINE WITNESSES.** I understand that in a trial any allegations made against me must be proved. At the trial I may be present with a lawyer when witnesses testify, and I may ask them questions. I may also present evidence and witnesses.

4. **RIGHT TO HAVE PARENTAGE TESTS WHERE THE LAW PERMITS.** I understand that, where the law permits, I have the right to have the court order parentage tests. The court will decide who pays for the tests. The court could order that I pay none, some, or all of the costs of the tests.

5. I understand that by signing the *Stipulation for Judgment* I am admitting that I am the parent of the children named in the stipulation and I am giving up the rights stated above.

6. **WHERE THE STIPULATION INCLUDES CHILD SUPPORT.**

a. I understand that I will have the duty to obey the support order for the children named in the stipulation until the order is changed by the court or ended by law.

b. I also understand that the court will order any support payments to be paid directly from my wages or other earnings and sent to the local child support agency.

7. **WHERE THE STIPULATION INCLUDES A PROVISION FOR HEALTH INSURANCE.** I understand that I must keep health insurance coverage for the minor children if insurance is available, or becomes available, to me at reasonable cost. A health insurance coverage assignment may be ordered to get health insurance for my children.

8. I am signing the stipulation freely and voluntarily.

9. I understand that the local child support agency is required by state law to enforce the duty of support.

10. **I UNDERSTAND THAT IF I WILLFULLY FAIL TO SUPPORT MY CHILDREN, CRIMINAL PROCEEDINGS MAY BE INITIATED AGAINST ME.**

11. I understand that any support I owe may be collected from any of my property. This collection may be made by intercepting money owed to me by the state or federal government (such as tax refunds, unemployment and disability benefits, and lottery winnings), by taking property I own, by placing a lien on my property, or by any other lawful means.

12. **IF I AM REPRESENTED BY AN ATTORNEY, MY ATTORNEY HAS READ AND EXPLAINED TO ME THE STIPULATION, AND THIS ADVISEMENT AND WAIVER OF RIGHTS AND I UNDERSTAND THEM.**

☐ I have read and understand the *Stipulation* and *Advisement and Waiver of Rights;* or
☐ Attached is a translation of this advisement in *(specify language):*
    ☐ I understand the translation.

Date:

_____ ▶ _____
(TYPE OR PRINT NAME)   (PARTY'S SIGNATURE)

INTERPRETER'S DECLARATION. The defendant is unable to read or understand this advisement because
☐ his or her primary language is *(specify):*
☐ other *(specify):*

I certify under penalty of perjury under the laws of the State of California that I have, to the best of my ability, read or translated for the defendant the *Stipulation* and *Advisement and Waiver of Rights.* The defendant said he or she understood the *Stipulation* and *Advisement and Waiver of Rights* before signing it.

Date:

_____ ▶ _____
(TYPE OR PRINT NAME OF INTERPRETER)   (INTERPRETER'S SIGNATURE)